## REPORT OF PROPERTIES OWNED BY HEALTH AND EDUCATIONAL, INDUSTRIAL DEVELOPMENT AND SPORTS AUTHORITY BOARDS (Rev. 2008)

(Note: late fee due after October 1)

Tennessee law requires businesses leasing property from certain public boards and authorities to annually report to the State Board of Equalization concerning the leased properties.

| GENERAL INFORMATION County:                                                              | Year:                        | This prop | erty is owned in the               | name of (select one):               |
|------------------------------------------------------------------------------------------|------------------------------|-----------|------------------------------------|-------------------------------------|
| Owner name:                                                                              |                              |           | ·                                  | ment Board (T.C.A. §7-53-301)       |
| Lessee name and address:                                                                 |                              |           | Health, Housing (T.C.A. §48-101-30 | & Educational Facility Board<br>07) |
|                                                                                          |                              |           | Sports Authority Bo                | oard (T.C.A. §7-67-108)             |
| Has lessee name changed since last filing? Ye                                            | es No                        |           |                                    |                                     |
| Person filing this report:                                                               |                              |           |                                    |                                     |
| Name:                                                                                    |                              |           |                                    |                                     |
| Title:                                                                                   |                              |           |                                    |                                     |
| Address:                                                                                 |                              |           |                                    |                                     |
| Phone:                                                                                   |                              |           |                                    |                                     |
| E-mail:                                                                                  |                              |           |                                    |                                     |
| PROPERTY LISTING: List all the real and last January 1. List each property separately if |                              |           |                                    |                                     |
| Project type code (see instructions)  A                                                  | Property address or location | the pr    | the city where coperty is located  | Assessor's id. no.                  |
| B                                                                                        |                              |           |                                    |                                     |
| C.                                                                                       |                              |           |                                    |                                     |

|        | EST. VALUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DATE1           | TERM            | RENT                             | PILOT/CITY           | PILOT/CO.         | DATE2 | L/H TAX (IF ANY)      |
|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|----------------------------------|----------------------|-------------------|-------|-----------------------|
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| P<br>P | ENT: Amount of stated related | nents in lieu o | of property the | erty taxes to or                 | for the benefit of a | •                 |       |                       |
| ח      | ATE2: Date the property                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | is scheduled    | to return to    | o the regular tax                | x rolls              |                   |       |                       |
| D      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                 |                 | and a state of the second second | for the lessabold i  | ntaraat atata tha |       | tax due (confirm with |

For questions, call or write the Board or visit our website at <a href="http://www.comptroller.state.tn.us/sb/faq.htm">http://www.comptroller.state.tn.us/sb/faq.htm</a>.

Yes \_\_\_\_ No \_\_\_\_

State Board of Equalization Ste. 1700, 505 Deaderick St. Nashville, TN 37243-0280 (615)401-7883

A copy of this report must be filed with the county assessor of property by Oct. 15. Has a copy of this report been filed with the county assessor?